

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	✓					51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/	✓				57						
8		/					58						
9		/					59						
10		/	✓				60						
11		/	✓				61						
12		/	✓				62						
13		/					63						
14		/	✓				64						
15		/					65						
16		/	✓				66						
17		/	✓				67						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	16	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	17						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS